| FORM PTO-875 (Rev. 3-83) | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | SERIAL NO. 787692 | FILING DATE 10/15/85 |
|---|---|---|---|
| **PATENT APPLICATION FEE DETERMINATION RECORD** | | APPLICANT (FIRST NAMED) Nilssen, O. K. | |

## CLAIMS AS FILED - PART I

| FOR: | NO. FILED | NO. EXTRA | | SMALL ENTITY RATE | FEE | OR | OTHER THAN A SMALL ENTITY RATE | FEE |
|---|---|---|---|---|---|---|---|---|
| BASIC FEE | | | | | $170 | OR | | $340 |
| TOTAL CLAIMS | 20 -20- | | | x6 | $ | OR | x12 | $ |
| INDEP. CLAIMS | 4 -3- | 1 | | x17 | $ 17 | OR | x34 | $ |
| [ ] MULTIPLE DEPENDENT CLAIM PRESENT | | | | x55 | $ | OR | x110 | $ |
| | | | | TOTAL | $ 187 | OR | TOTAL | $ |

* If the difference in col. 1 is less than zero, enter "0" in col. 2

## CLAIMS AS AMENDED - PART II

| | (1) CLAIMS REMAINING AFTER AMENDMENT | (2) HIGHEST NO. PREVIOUSLY PAID FOR | (3) PRESENT EXTRA | SMALL ENTITY RATE | ADDIT. FEE | OR | OTHER THAN A SMALL ENTITY RATE | ADDIT. FEE |
|---|---|---|---|---|---|---|---|---|
| **AMENDMENT A** TOTAL | 6 | MINUS 26 | - | .5 | $ | OR | .10 | $ |
| INDEP | 6 | MINUS 8 | - | .15 | $ | OR | .30 | $ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | .50 | $ | | .100 | $ |
| | | | | TOTAL ADDIT. FEE | $ | OR | TOTAL | $ |

| | (1) CLAIMS REMAINING AFTER AMENDMENT | (2) HIGHEST NO. PREVIOUSLY PAID FOR | (3) PRESENT EXTRA | SMALL ENTITY RATE | ADDIT. FEE | OR | OTHER THAN A SMALL ENTITY RATE | ADDIT. FEE |
|---|---|---|---|---|---|---|---|---|
| **AMENDMENT B** TOTAL | | MINUS ** | - | .5 | $ | OR | .10 | $ |
| INDEP. | | MINUS *** | - | .15 | $ | OR | .30 | $ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | .50 | $ | | .100 | $ |
| | | | | TOTAL ADDIT. FEE | $ | OR | TOTAL | $ |

| | (1) CLAIMS REMAINING AFTER AMENDMENT | (2) HIGHEST NO. PREVIOUSLY PAID FOR | (3) PRESENT EXTRA | SMALL ENTITY RATE | ADDIT. FEE | OR | OTHER THAN A SMALL ENTITY RATE | ADDIT. FEE |
|---|---|---|---|---|---|---|---|---|
| **AMENDMENT C** TOTAL | | MINUS ** | - | .5 | $ | OR | .10 | $ |
| INDEP | | MINUS *** | - | .15 | $ | OR | .30 | $ |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | .50 | $ | | .100 | $ |
| | | | | TOTAL ADDIT. FEE | $ | OR | TOTAL | $ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.